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35969 Barbara A. Shimei Director, Patents & Licensing Bayer HealthCare LLC - Pharmaceuticals 555 White Plains Road, Third Floor Tarrytown, NY 10591

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| (Depositor's name) |
| (Signature) |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/590,770 | 06/18/2007 | Heike Gielen-Haertwig | BHC 041036 | 2475 |

TITLE OF INVENTION:

| | APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---------------------------------------|-------------|--------------|-----------|-----------------|------------------|------------|
| · · · · · · · · · · · · · · · · · · · | | | \$1740 | \$300 | \$2040 | 12/15/2011 |
| | EX | AMINER | ART UNIT | CLASS-SUBCLASS | | |

| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | Jonathan R. Harris Thomas C. Blankinship Karen B. King |
|---|---|--|
| 2 ASSIGNED NAME AND DESIDENCE DATA TO DE DUNTED ON T | THE DATENT (print or tuna) | |

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BAYER PHARMA AKTIENGESELLSCHAFT Berlin, Germany

| Please check the appropriate assignee category or categories (will not b | e printed on the patent): |
|--|--|
| 4a. The following fee(s) are enclosed: | 4b. Payment of Fee(s): |
| 🗹 Issue Fee | A check in the amount of the fee(s) is enclosed. |
| Publication Fee (No small entity discount permitted) | Payment by credit card. Form PTO-2038 is attached. |
| Advance Order - # of Copies _ | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 133372 |
| 5. Change in Entity Status (from status indicated above) | |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |

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Authorized Signature /KAREN B. KING/

Date 2011-12-08

Typed or printed name Karen B. King

Registration No. 41898

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